

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Californians for Safe Drinking Water and a Clean and Reliable Water Supply in support of Proposition 3			<b>Date of This Filing</b> 01/29/2019	Date Stamp   Page 1 of 4	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (916)348-9100	I.D. NUMBER (if applicable) 1397965		<b>Report No.</b> 10222018-3		
STREET ADDRESS			<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 001 (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95841	<b>No. of Pages</b> 4		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/21/2018	Save The Bay Action Fund PAC Oakland, CA 94612  ID# 1389817 Memo Reference: NON:S497:837	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$400.00
10/21/2018	Save The Bay Action Fund PAC Oakland, CA 94612  ID# 1389817 Memo Reference: NON:S497:838	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$440.00
10/21/2018	Save The Bay Action Fund PAC Oakland, CA 94612  ID# 1389817 Memo Reference: NON:S497:902	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		(\$440.00)

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

Amend to Update Inkind Amounts

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<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95841	<b>No. of Pages</b> <u>4</u>		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Amend to Update Inkind Amounts

Memo Reference: NON:S497:903  
In-Kind

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Memo Reference: NON:S497:902  
In-Kind

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Memo Reference: NON:S497:838  
In-Kind (Estimate)

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Memo Reference: NON:S497:837  
In-Kind (Estimate)

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